

# TB Times

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April 1998

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Volume 10 Number 4

## A Note From Dr. Davidson

**D**rug treatment programs in the State of California are required to screen their clients for tuberculosis. This consists of a Mantoux method tuberculin skin test, and if positive, a chest x-ray to rule out evidence of disease. It is hoped that infected persons will be given preventive therapy and those with a suspicious chest film will be evaluated for disease and treated when indicated. The TB Control Program in Los Angeles County has worked for many years in an effort to encourage appropriate screening and intervention by the many drug treatment programs that exist and are under contract with the County. This has been only partially successful due to the complexity of the many and varied programs as well as lack of continuity and staff to measure the value of such an approach. We have, however, under Gayle Gutierrez's leadership, been able to review the data we have regarding drug treatment programs for the years 1996 and 1997. These data are a result of TB screening reports done by county health centers for clients referred from drug treatment facilities and similar information from two larger drug treatment agencies who did their own testing but reported the results to TB Control. The following summarizes the findings:

## Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

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May 1, 1998

9:00-10:15a.m.

*"DOT Update & Standards"*

Brenda Ashkar, R.N., M.S.N.

David Gambill, M.Sc.

*Andrew Norman Hall*

10:30-11:30a.m.

TB Case Presentation/Discussion

Hanh Q. Lê, M.D.

May 15, 1998

Physician Case Presentations Canceled

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"Review of 1998 ERN Protocol and  
Standardized Procedures Revision"

10:30-11:30, Andrew Norman Hall

May 1, 1998

Speaker: TrinaPate, R.N., A.P.S.

**California Tuberculosis Controllers Association**

& California Department of Corrections

"Linking Up to Lock Out TB:

Forging Interagency Partnerships"

May 11-13, 1998

Sacramento, California

Information: 510-883-6077

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*Congratulations Annie Luong!!*

*TB Control Employee of the Quarter*

## A Note from Dr. Davidson, cont'd

The positive reactor rate reported by the health centers is magnified by the fact that most facilities do not submit reports on Mantoux negative clients. The two drug treatment programs however, submitted both positive and negative treatment results. The two year reactor rate for the drug treatment programs was 12.7% of the total screened (1154).

Of the 85 abnormal chest x-rays, 61 were not opened to our TB registry as suspects. The reason for this is currently under investigation.

Seven new TB cases were identified through the drug treatment program screening mandate. Other TB cases identified in this population were diagnosed either before their drug problem entry or after leaving the facility. Four subsequent TB cases might have been prevented in clients who reported previously positive skin tests when screened by the drug program/health center but were not given INH. These patients may have eloped before prophylaxis was initiated. Two of these cases were HIV positive.

These data, although limited, confirm the fact that tuberculosis is very common in the illicit drug-using population. The State requirement for screening appropriately continues. We need to better promote screening of these high risk individuals, but we also need to promote more effective preventive therapy programs and better evaluation for disease and disease risk. To increase our understanding of the nature and impact of tuberculosis in the illicit drug using populations we also need to collect better and more complete data. This has to be on our list of priorities as we work towards elimination of tuberculosis in Los Angeles County.

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## Charles Dickens' "*Tiny Tim*" Suffered from Tuberculosis



Recently, renovation activity of an 18<sup>th</sup> century South London church revealed the grave of Timothy "Tiny Tim" Cratchit, 1839-1884. Archaeological exhumation of the grave revealed skeletal remains of a man of approximately "40 years of age wearing a frame of metal and leather on his legs and lower back." Although recent researchers had theorized that Tiny Tim's crippling disease was the result of a rare kidney disease, distal renal tubular acidosis, no definitive proof of the condition was available.

## Tiny Tim, cont'd

Examination of the skeletal remains revealed pathological evidence of tuberculosis in the spine and muscle tissue. This new evidence is quite compelling when placed in the historical perspective of the environment of England in the late 1800s. In 1843, when Dickens penned "A Christmas Carol," approximately one half of the population was afflicted with tuberculosis; TB being the single most common cause of death in the western world during the period.

The opinion that Tiny Tim's affliction was the result of tuberculosis (Pott's) disease has been controversial and criticized as in conflict with Dickens' account predicting Tiny Tim's death, one that was not realized due to the ultimate benevolence of Ebenezer Scrooge. Although anti-tuberculosis therapy was unavailable, it is possible that financial support from Ebenezer Scrooge allowed Tiny Tim to receive the adequate nutrition and proper bracing necessary to experience periods of Pott's disease remission.

The new evidence now strongly supports a tuberculosis diagnosis for the young Tiny Tim. It continues to be speculative, however, as to whether financial support prolonged his life, or was a result of the eternal optimism displayed by Tiny Tim throughout Dickens' classic yarn. And yes, Tiny Tim was real. -D.G.

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## F.Y.I.

TB Control would like to welcome Annie Keaton, R.N., LPHN, to LAC/USC Medical Center. She will be working in the Hospital Liaison Program.

The Program would like to acknowledge Muriel deKoning, R.N., APS, for her dedicated and compassionate service. Muriel is retiring from her nursing career with almost 30 years' service to Los Angeles County.

Muriel started her nursing career at Riverside County Hospital in July 1966, then transferred to Riverside Health Department in 1967. She started working at East Los Angeles Ferris Clinic in 1969 as a PHN. After Ferris Clinic closed, she then moved to Roybal Clinic where she remained until 1989. Muriel then started with the TB Control Program as a liaison at LAC/USC in the Pediatric CD Unit. In August 1993, she started as an Assistant Program Specialist and helped establish the newly developed Multi-Drug Resistant Unit. When asked what is her most memorable moment in her career, she stated, "When one of my patients named her daughter after me."

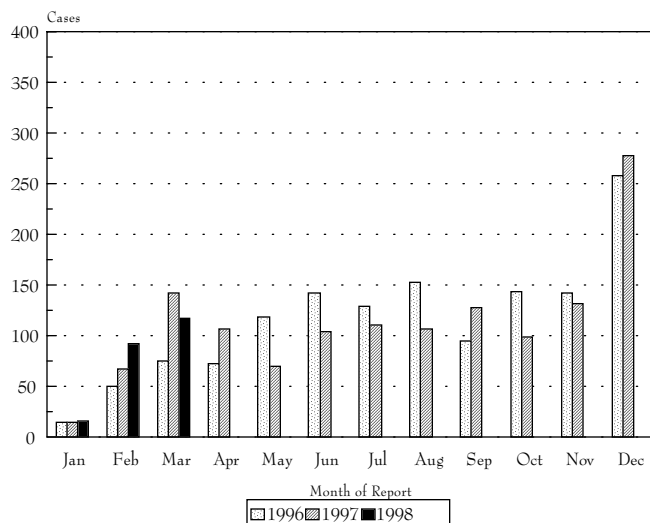
# The Impact of Tuberculosis on a Global Scale

World TB Day: March 24, 1998



Waaa . . . I want a skin test **NOW!!!**

# Los Angeles County Tuberculosis Control Tuberculosis Incidence By Month of Report, 1996-1998



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TB Times is a monthly publication to provide information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments or suggestions to:

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## ***TB Times***

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## April Topics of Interest...

- ⇒ Screening for TB in Drug Treatment Programs
- ⇒ Tiny Tim and Tuberculosis
- ⇒ 1997 TB Fact Sheet: Epidemiology Update
- ⇒ Muriel deKoning, R.N., APS, Retires